

Public Mental Health System Rates Effective July 1, 2018

Procedure Code	E&M Code	Service Description	Psychiatrist non-facility	MD/CRNP/ PA facility	PMH certified CRNP and APRN	PHD Psych	LCSW, LCPC	OMHC	PRP On-Site	PRP Off-Site	PRP On/Off Site	CM	Mobile Tx	Traumatic Brain Injury	Freestanding Part. Hosp. Program	Facility	Resident. Crisis Facility
<b>OTHER PROFESSIONAL SERVICES FOR IOP, PHP &amp; CRS</b>																	
90791		Psychiatric diagnostic evaluation	163.32		116.44	132.99	116.44	187.07									
90791		C&A Psychiatric diagnostic evaluation	163.32		116.44	132.99	116.44	208.94									
90792		Psychiatric diagnostic evaluation with medical services	163.32		116.44			187.07									
90792		C&A Psychiatric diagnostic evaluation with medical services	163.32		116.44			208.94									
99201		Evaluation and Management, including Rx -Minimal, new patient	44.36	26.64	44.36			44.36									
99202		Evaluation and Management, including Rx -Straight forward, new patient	75.44	50.34	75.44			75.44									
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.12	77.00	109.12			109.12									
99204		Evaluation and Management, including Rx -Moderately complex, new patient	165.88	130.07	165.88			165.88									
99205		Evaluation and Management, including Rx -Highly complex, new patient	207.81	169.04	207.81			207.81									
99211		Evaluation and Management, including Rx -Minimal	20.26	9.18	20.26			20.26									
99212		Evaluation and Management, including Rx -Straight forward	43.96	25.14	43.96			43.96									
99213		Evaluation and Management, including Rx -Low complexity	73.47	50.95	73.47			73.47									
99214		Evaluation and Management, including Rx -Moderately complex	108.04	78.14	108.04			108.04									
99215		Evaluation and Management, including Rx -Highly complex	145.44	110.73	145.44			145.44									
90832		Individual psychotherapy (30 min) MD Only	47.14		47.14			48.09									
90834		Individual psychotherapy (45 min) MD Only	88.63		88.63			90.40									
<b>OUTPATIENT/OFFICE PROFESSIONAL SERVICES</b>																	
90791		Psychiatric diagnostic evaluation	163.32		116.44	132.99	116.44	187.07									
90791		C&A Psychiatric diagnostic evaluation	163.32		116.44	132.99	116.44	208.94									
90792		Psychiatric diagnostic evaluation with medical services	163.32		116.44			187.07									
90792		C&A Psychiatric diagnostic evaluation with medical services	163.32		116.44			208.94									
90832		Individual psychotherapy (30 min)-Outpatient	53.89		38.42	44.03	38.42	54.97									
90832		C&A Individual psychotherapy (30 min)-Outpatient	53.89		38.42	44.03	38.42	65.01									
90833	Y	30 min Psychotherapy add on	53.89		38.42			54.97									
90833	Y	C&A 30 min Psychotherapy add on	53.89		38.42			65.01									
90834		Individual psychotherapy (45 min)-Outpatient	97.93		70.05	79.79	70.05	99.89									
90834		C&A Individual psychotherapy (45 min)-Outpatient	97.93		70.05	79.79	70.05	115.55									
90836	Y	45 min Psychotherapy add on	97.93		70.05			99.89									
90836	Y	C&A 45 min Psychotherapy add on	97.93		70.05			115.55									
90837		Individual psychotherapy (60 min)						99.89									
90837		C&A Individual psychotherapy (60 min)						115.55									
90838	Y	60 min Psychotherapy add on						99.89									
90838	Y	C&A 60 min Psychotherapy add on						115.55									
90839		Psychotherapy for crisis, first 60 min						109.94									
90839		C&A Psychotherapy for crisis, first 60 min						130.01									
90840		Psychotherapy for crisis--additional 30 min						59.48									
90840		C&A Psychotherapy for crisis-- additional 30 min						67.85									
90846		Family psychotherapy without patient present	91.55		59.11	76.85	59.11	99.01									
90846		C&A Family psychotherapy without patient present	91.55		59.11	76.85	59.11	114.37									
90847		Family psychotherapy with patient present (45-60 min)	101.98		72.10	83.93	72.10	104.02									
90847		C&A Fam psychoth with patient present (45-60 min)	101.98		72.10	83.93	72.10	118.21									
90847-52		C&A Family psychotherapy with patient present--Abbrev	63.16		45.22	51.43	45.22	64.42									
90849		Multiple family group psychotherapy 45 - 60 minutes						43.75									
90849		C&A Multiple family group psychotherapy 45 - 60 minutes						46.11									
90849-52		Multiple family group psychotherapy--Abbrev						39.27									
90849-52		C&A Multiple family group psychotherapy--Abbrev						42.34									
H2027		Family psycho-education with consumer present						59.11									
		Family psycho-education without						59.11									
90853		Group psychotherapy (not multi-family.) 45-60 minutes	26.66		27.20	27.20	27.20	42.55									

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90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	26.66		27.20	27.20	27.20	44.92									
90853-21		Group psychotherapy prolonged (More than 75 minutes)						55.55									
90853-21		C&A Group psychotherapy prolonged (More than 75 minutes)						55.55									
99201		Evaluation and Management, including Rx -Minimal, new patient	44.36	26.64	44.36			44.36									
99201		C & A Evaluation and Management, including Rx -Minimal, new patient	44.36	26.64	44.36			44.36									
99202		Evaluation and Management, including Rx -Straight forward, new patient	75.44	50.34	75.44			75.44									
99202		C & A Evaluation and Management, including Rx -Straight forward, new patient	75.44	50.34	75.44			75.44									
99203		Evaluation and Management, including Rx -Low complexity, new patient	109.12	77.00	109.12			109.12									
99203		C & A Evaluation and Management, including Rx -Low complexity, new patient	109.12	77.00	109.12			109.12									
99204		Evaluation and Management, including Rx -Moderately complex, new patient	165.88	130.07	165.88			165.88									
99204		C & A Evaluation and Management, including Rx -Moderately complex, new patient	165.88	130.07	165.88			165.88									
99205		Evaluation and Management, including Rx -Highly complex, new patient	207.81	169.04	207.81			207.81									
99205		C & A Evaluation and Management, including Rx -Highly complex, new patient	207.81	169.04	207.81			207.81									
99211		Evaluation and Management, including Rx -Minimal	20.26	9.18	20.26			20.26									
99211		C&A Evaluation and Management, including Rx -Minimal	20.26	9.18	20.26			20.26									
99212		Evaluation and Management, including Rx -Straight forward	43.96	25.14	43.96			43.96									
99212		C&A Evaluation and Management, including Rx -Straight forward	43.96	25.14	43.96			43.96									
99213		Evaluation and Management, including Rx -Low complexity	73.47	50.95	73.47			73.47									
99213		C&A Evaluation and Management, including Rx -Low complexity	73.47	50.95	73.47			73.47									
99214		Evaluation and Management, including Rx -Moderately complex	108.04	78.14	108.04			108.04									
99214		C&A Evaluation and Management, including Rx -Moderately complex	108.04	78.14	108.04			108.04									
99215		Evaluation and Management, including Rx -Highly complex	145.44	110.73	145.44			145.44									
99215		C&A Evaluation and Management, including Rx -Highly complex	145.44	110.73	145.44			145.44									
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	53.89		38.42	44.03	38.42	54.97									
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	97.93		70.05	79.79	70.05	99.89									
90889		Discharge OMS (HCFA)						23.65									
0929		Discharge OMS (UB)															22.85
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service				108.76		108.76									
96102		Psychological Testing Computer (Flat rate)				30.25		30.25									
99241		Office Consultation - also used for H&P for PHP (15 Min)	48.00	32.49	48.00												
99242		Office Consultation - also used for H&P for PHP (30 min)	89.93	68.15	89.93												
99243		Office Consultation - also used for H&P for PHP (40 min)	123.01	95.32	123.01												
99244		Office Consultation - also used for H&P for PHP (60 min)	183.50	153.22	183.50												
99245		Office Consultation - also used for H&P for PHP (80 min)	223.47	189.49	223.47												
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service						102.07									

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99355		Each additional 30 minutes of a prolonged phy svc						99.03									
<b>INPATIENT HOSPITAL SERVICES</b>																	
99221		Initial hospital care (30 min) (MD only)	N/A	101.35	N/A												
99221		C&A Initial hospital care (30 min) (MD only)	N/A	101.35	N/A												
99222		Initial hospital care (50 min) (MD only)	N/A	136.61	N/A												
99222		C&A Initial hospital care (50 min) (MD only)	N/A	136.61	N/A												
99223		Initial hospital care (70 min) (MD only)	N/A	202.02	N/A												
99223		C&A Initial hospital care (70 min) (MD only)	N/A	202.02	N/A												
99231		Subsequent IP care (15 min) (MD only)	N/A	39.25	N/A												
99231		C&A Subsequent IP care (15 min) (MD only)	N/A	39.25	N/A												
99232		Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A												
99232		C&A Subsequent IP care (25 min) (MD only)	N/A	71.74	N/A												
99233		Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A												
99233		C&A Subsequent IP care (35 min) (MD only)	N/A	103.59	N/A												
99238		Hospital discharge day mgmt (30 min or less) (MD only)	N/A	72.35	N/A												
99238		only)	N/A	72.35	N/A												
99239		Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A												
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	N/A	107.10	N/A												
99251		Initial inpatient consultation (20 min) (MD only)	N/A	48.63	N/A												
99252		Initial inpatient consultation (40 min) (MD only)	N/A	74.42	N/A												
99253		Initial inpatient consultation (55 min) (MD only)	N/A	114.34	N/A												
99254		Initial inpatient consultation (80 min) (MD only)	N/A	166.24	N/A												
99255		Initial inpatient consultation (110 min) (MD only)	N/A	200.43	N/A												
99281		ER Visit	N/A	21.14	N/A												
99282		ER Visit	N/A	41.23	N/A												
99283		ER Visit	N/A	61.61	N/A												
99284		ER Visit	N/A	116.85	N/A												
99285		ER Visit	N/A	172.43	N/A												
<b>MISCELLANEOUS</b>																	
00104		Anesthesia for ECT	103.75														
90870		ECT single seizure w/ monitoring (Physician only)	103.87														
36415		Collection of blood by venipuncture						15.54									
96372		Therapeutic injection						15.54									
<b>SPECIAL SERVICES</b>																	
S0201		Mental health partial hosp, tx <24 hours														223.72	
S0201-52		Intensive outpatient program (IOP)														121.76	
S9480		Intensive OP psych svcs, per diem (clinic model)						142.45									
S9480		C&A Intensive OP psych svcs, per diem (clinic model)						169.34									
H0032		Interdisciplinary team tx plng w/patient present						91.02									
H0046		Therapeutic Nursery						46.35									
<b>OCCUPATIONAL THERAPY</b>																	
97003		Occupational therapy evaluation, per 15 min						16.55									
97004		Occupational therapy re-evaluation, per 15 min						16.55									
97150		Therapeutic procedure(s) group (2 or more)						20.10									
97530		Therapeutic activities, direct patient contact, per 15 min.						13.00									
97532		Development of cognitive skills, direct contact per 15 min.						13.00									
97535		Self-care/home mgmt trng, per 15 min.						13.00									
97537		min.						13.00									
<b>MENTAL HEALTH CASE MANAGEMENT</b>																	
H0031		by program)											119.29				
T1016		Mental health case management (Daily rate)											119.29				
T1017		Targeted Case Management (Children and Youth)											\$32/ 15 mins.				
T1017-HG													\$32/ 15 mins.				

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<b>MOBILE TREATMENT</b>																	
H0040-21		Assertive Community Treatment (ACT) EBP											1,300.27				
H0040-U9		consumers											1,152.51				
H0040		Mobil treatment Non-EBP											922.01				
H0040-52		Mobil treatment Non-EBP for Medicare consumers											706.87				
<b>PSYCHIATRIC REHABILITATION-RESIDENTIAL REHABILITATION PROGRAM</b>																	
H0002		Rehabilitation Assessment							67.68	67.68							
H2016		Encounter (only bill w/POS 15 (off-site) or 52 (on-site)															
S9445		Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15							118.21	118.21	118.21						
H2018-U2		Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)									468.98						
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)							201.24								
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)								267.73							
H2018-U3		Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use									835.71						
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)							284.88								
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)								550.84							
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							491.73								
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)								1,320.35							
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)							491.73								
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)								3,430.33							
H2018-U6		Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17									1,812.10						
H2018-U7		Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23									3,922.07						
T1023		Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters									491.73						
<b>HOUSING SERVICES</b>																	
T2048		Residential room and board (per day)							13.83								13.83
S5150		Enhanced support (per hour) (10 hour maximum)							14.18								
H0019		Crisis Bed hold (per day)							13.83								13.83
<b>RESPITE CARE</b>																	
H0045		Adult Respite care, not in home, per diem							83.04								
H0045		C&A Respite care, not in home, per diem															191.50
T1005		In home respite care							\$3.83/15 min.				\$3.83/15 min.				
<b>RESIDENTIAL CRISIS SERVICES</b>																	
S9485		Residential crisis services (also bill as T2048)															277.16
S5145		Residential crisis, treatment foster care															178.22
<b>SUPPORTED EMPLOYMENT</b>																	
H2023		minutes (Auth'd by CSA w/lifetime benefit of \$2,750)									8.12						
H2024		Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)									472.83						

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H2024-21		Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)								1,180.87							
H2026		Ongoing support to maintain employment, per month								384.18							
H2026-21		Ongoing support to maintain employment, per month - EBP								472.83							
S9445-52		Clinic coordination - EBP								118.21							
<b>TRAUMATIC BRAIN INJURY</b>																	
W0037		Residential habilitation Level 1 (per day)												211.72			
W0038		Residential habilitation Level 2 (per day)												280.34			
W0039		Residential habilitation Level 3 (per day)												387.84			
W0054		Day habilitation Level 1 (per day)												54.67			
W0055		Day habilitation Level 2 (per day)												95.35			
W0056		Day habilitation Level 3 (per day)												134.15			
W0057		Supported employment Level 1 (per day)												32.43			
W0058		Supported employment Level 2 (per day)												54.67			
W0059		Supported employment Level 3 (per day)												134.15			
W0060		Individual Support Services (ISS) (rate per hour)												26.51			
<b>THERAPEUTIC BEHAVIORAL SERVICES</b>																	
96150		Initial Assessment & Development of Behavioral Plan for TBS (to be billed in 15 minute increments)	\$115.92 (\$28.98/ 15 mins)														
96151		Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only) (to be billed in 15 minute increments)	\$108.99 (\$27.25/ 15 mins)														
96152		EPSDT Health & behavior intervention (must be a designated provider of Therapeutic Behavioral Services) (to be billed in 15 minute increments)	\$23.69/hr (\$5.92/ 15 minutes)														
* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed																	
** If value of field is 'Y', can charge one E&M Code between 99201 and 99215																	
E&M codes were updated effective 5-1-16																	